

| PORTION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|----------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>On</i> | <i>32</i> | <i>12/11</i> |
| FORMALITY REVIEW | <i>BZ</i> | <i>TC3-883</i> | <i>03-21-01</i> |
| RESPONSE FORMALITY REVIEW | <i>TZ</i> | <i>Jc947</i> | <i>04/11/01</i> |

INDEX OF CLAIMS

| | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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